



# *The New York Eye and Ear Infirmary at 175 Years*

## *A Historical Review of the Department of Otolaryngology*

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The New York Eye and Ear Infirmary is the oldest hospital of its kind in the Western Hemisphere and the third-oldest hospital in New York City. The New York Hospital was founded in 1769 and is the second-oldest hospital in the United States; Bellevue Hospital opened in 1816 and the New York Eye and Ear Infirmary opened in 1820.

Dr. Gerald B. Kara,<sup>1</sup> former Executive Surgeon Director, Ophthalmology, at the New York Eye and Ear Infirmary, set the stage depicting the period when the Infirmary came into existence:

*The Queen Mother, Queen Victoria, was one year old.*

*King Louis XVI was the King of France.*

*Napoleon was languishing in exile on the Island of St. Helena.*

*Maine was admitted to the United States as its twenty-third state.*

*The flag of Spain was still flying over Florida.*

*James Monroe was the President of the United States; DeWitt*

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*Clinton, the Governor of New York State.*

*New York City had 150,000 people.*

*Slavery existed in New York City.*

*Many of the houses were wood, and therefore fires were frequent.*

*There was no sewage system, and refuse was dumped into the Hudson and East Rivers, mostly at night.*

*Philadelphia was the medical center of the country.*

*In Europe, Paris and Vienna had been world renowned for surgery, but by 1820, London had become the center of world surgery. America had "inherited" English traditional medicine and surgery, and many surgeons throughout the world, including Americans, visited London to learn and perfect their skills. The major textbooks of medicine were British.<sup>2</sup>*

*No steam-powered vessel had yet crossed the Atlantic.*

As we progress through this presentation, although emphasis will be placed on the development and evolution of the Department of Otolaryngology, it is impossible to separate the very significant achievements within the Department of Ophthalmology. Scattered throughout will be a "time line" of developments to serve as a time reference for activities occurring at the Infirmary.

In 1826, two young surgeons, because they were dissatisfied with graduate medical training, and because of the lack of knowledge of diseases of the eye in the United States, travelled to the London Infirmary, now the Royal London Ophthalmic Hospital (Moorefields), to study eye disease. The London Eye Infirmary was founded in 1804 by John Cunningham Saunders, "out of compassion for the pitiful state of many soldiers returning from the Egyptian campaign afflicted with military ophthalmoplegia and trachoma infections."<sup>3</sup> They were: (1) Edward Delafield, a 22-year-old graduate of Yale University and the College of Physicians

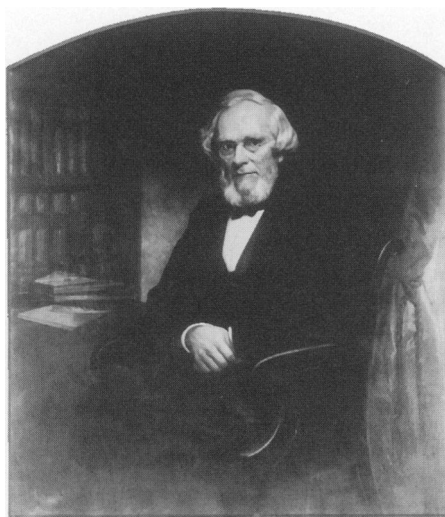


FIG. 1. Dr. Edward Delafield in later life.

and Surgeons, and a medical resident at New York Hospital, (Fig. 1) and (2) John Kearney Rogers, a 23-year-old graduate of Princeton University and the College of Physicians and Surgeons, and a surgical resident at New York Hospital (Fig. 2). Remembering the blind of New York, “who are huddled together with paupers and criminals in the Alms House at Bellevue,”<sup>3</sup> Delafield and Rogers resolved that on their return home, they would found an infirmary, the primary objective being, in their own words, “to contribute towards the relief of the poor, who, by a diseased state of one of the most important organs of the human body, are deprived of the means of gaining a livelihood.”<sup>3</sup>

Dr. Rogers passed the examination and received a license of the Royal College of Surgeons before leaving London. On their return to New York City in 1818, the two existing hospitals of New York City did not consider eye disease important, and the poor received little or no care. Delafield and Rogers could not convince New York City officials of a need for an eye institution, and since they had no funds, they entered into private practice. As well as being ophthalmic surgeons, Edward Delafield was Professor of Obstetrics and Gynecology and Professor of Diseases of Children at the College of Physicians and Surgeons, and later was to become the



FIG. 2. Dr. John Kearney Rogers.

President of the College of Physicians and Surgeons, and John Kearney Rogers was a general and vascular surgeon at New York Hospital. This reflects the nature and practice of medicine at that time. Specialization was not regarded with approval in the early 1800s. It was believed that physicians and surgeons should possess general knowledge and skills.

They rented the second floor, a two-room suite, of a small, two-story brick house at 45 Chatham Square, (Fig. 3) near Park Row, across from City Hall, and the first patient was treated on August 14, 1820. Outpatient professional care and medicines were provided free of charge. The physicians donated their services for 1 hour, 3 days per week. They appointed Dr. Wright Post and Dr. Samuel Barrowe, who were surgeons at New York Hospital and “two of the finest physicians of New York City,”<sup>4</sup> consulting surgeons. This gave respectability and credibility to their project.

The first annual report of the New York Eye and Ear Infirmary was given at the City Hotel on January 18, 1821, and stated, “1,120 persons, affected with various diseases of the eye, have, in the



FIG. 3. 45 Chatham Square.

course of little more than one year, come forward for relief, and that of this number, 801 have been cured.”<sup>5</sup>

On March 9, 1821, a meeting was held at the City Hotel and resulted in the permanent organization of the Infirmary. The meeting was chaired by Colonel William Few. A committee was formed to solicit subscriptions of well-known and highly esteemed citizens of New York. A payment of \$40 or upwards would constitute a *Governor For Life*, an annual payment of \$5 a *Governor*, an annual subscription of \$3 also a *Governor*, but only able to “retain one patient at all times at the Infirmary, whereas the other Governors could send two sick patients.”<sup>5</sup> A society was thus formed, consisting of more than 200 members. They reconvened on April 21, 1821, and named officers and directors of the New York Eye Infirmary from among the members of New York City’s finest families. The board was called “the Society of the New York Eye Infirmary.” Many were also on the board of the New York Hospital. Colonel William Few was named President and served from 1821 to 1828 (Fig. 4). He was a member of the Constitutional Congress and co-signer of the Constitution of the United States, a founder of the University of Georgia, and a Georgia state senator. He commanded the Georgia State Militia during the Revolutionary War. Colonel Few moved to New York State in 1799 and became Alderman of New York City by appointment of the Gov-



FIG. 4. Colonel William Few.

ernor of New York. To this day, it is not known how he became active in the cause of the Infirmary.

The bylaws of the New York Eye Infirmary were established and, for a large part, written by Colonel Few, reflecting very much the style of the Constitution of the United States. By an act of the legislature of the State of New York, the “charity” was incorporated under the name of the New York Eye Infirmary on March 29, 1822. However, diseases of the ear were also treated from the beginning and recorded as “anomalous” diseases. In 1824, an otology service was officially added. Treatment of specific diseases in the ear was first documented in 1829<sup>6</sup> and included:

- Otorrhea, 27 cases.
- Otitis, 16 cases.
- Ulcer of the external ear, 2 cases.
- Wax, 9 cases.
- Increased secretion of wax, 3 cases.
- Defective secretion of wax, 7 cases.
- Thickening of the membrane of the tympanum, 5 cases.

- Tinea auris, 6 cases.
- Erysipelas of ear, 3 cases.
- Closure of eustachian tube, 4 cases.
- Scrofula of ear, 3 cases.
- Contusion of ear, 5 cases.
- Fungus auris, 2 cases.
- Deafness, 17 cases.

The official title of the institution was changed, in 1864, to the New York Eye *and Ear* Infirmary by an act of the legislature, in recognition of the services rendered.

In 1822, because larger quarters were needed, the New York Eye Infirmary moved to 1 Murray Street and Broadway, across from Columbia College and, in 1824 to 1826, to 139 Duane Street, near lower Broadway, a portion of a building leased from, and on the grounds of, New York Hospital. The building was formerly used to house the insane. The leased space consisted of a kitchen and one room on the first floor and the entire second floor. This lease was made possible by an act of relief from New York State, which appropriated \$1,000 a year for 2 years, for care at the New York Eye Infirmary, with the stipulation that at least one medical student from each county of the state be admitted free of charge to observe medical and surgical treatment at the Infirmary. Inpatient care, and therefore surgical capabilities, was established at this time. Private patients paid \$2.50 per week.

One must wonder what would have happened had New York Hospital made the New York Eye Infirmary a permanent part of its structure and organization. The entire surgical staff were physicians on the staff of New York Hospital, and a large number of the Board of Directors were also on the Board of New York Hospital. Other cities and major general hospitals would probably have followed this format, and there would not be the problem that exists today, with free-standing eye and ear hospitals re-affiliating with general hospitals and universities and the duplication of services in the general hospitals and specialty hospitals. Perhaps this separation helped “free” ophthalmology and otolaryngology to expand to the level those disciplines have achieved,

unencumbered by the larger issues and problems of the general hospital.

The seal of the Infirmary was adopted on July 21, 1824. Depicting “the great physician restoring sight to a man born blind, the seal stands as a symbol of the religious background and piety of its founders.”<sup>7</sup>

There were many other moves of the New York Eye and Ear Infirmary: in 1827 to 459 Broadway; in 1834 to 96 Elm Street, on the corner of Walker street; in 1840 to 45–47 Howard Street near Broadway; and in 1845 to 97 Mercer Street, the first structure purchased by the New York Eye Infirmary, for \$7,000. At about this period, in October of 1846, Dr. W. T. Morton, a Boston dentist, administered the first ether anesthetic at Massachusetts General Hospital. Reportedly, 31 days later, John Kearney Rogers used an ether anesthetic for the drainage of a perirectal abscess and was considered one of New York’s foremost general surgeons.<sup>8</sup> At New York Hospital, in approximately 1848, he ligated the innominate artery, a procedure that had never been successfully performed before.

Dr. Gurdon Buck, an attending physician at the New York Eye and Ear Infirmary, 1851 to 1860, and a visiting surgeon at New York Hospital, was a founding fellow of the New York Academy of Medicine in 1847. He was a well-known facial plastic and reconstructive surgeon and made enormous contributions to the development of clinical photography. He made routine use of photographs to document his surgical cases before and after operations. He was also known as the “father of intralaryngeal surgery” because of his method of laryngofissure in the treatment of laryngeal carcinoma. Before the invention of the laryngoscope, he developed a technique that reduced edema of the glottis,<sup>9</sup> thereby preventing suffocation. He also made contributions to orthopaedic traction (Buck’s extension) and anatomy of the genitourinary tract. Buck’s fascia was named after him.

On April 25, 1856, a four-story brownstone on 13th Street and Second Avenue was purchased (Fig. 5). There were first-floor clinics and 40 to 50 inpatient beds. Minutes from meetings held





NEW YORK EYE AND EAR INFIRMARY.

FIG. 5. 13th Street and 2nd Avenue (1856).

from 1858 to 1859 mentioned the terms “outdoor patients” and “indoor patients.” In 1862, the first house surgeon was appointed, although teaching was always performed. Training was both in eye and ear diseases.

The lectureships established at the infirmary in the mid-1800s were probably the first efforts at teaching ophthalmology in the United States, and this, in part, helps explain why Drs. Rogers and Delafield are often considered the “fathers of American ophthalmology.”

In 1873, a throat department was added. The throat department received authorization to exist from the State Department of Legislature in 1874. Of relative historical interest, the first solely ear, nose, and throat institution in New York was Metropolitan Throat Hospital of New York, founded in 1873 by Dr. Wagner.

The physical structure of the Infirmary underwent many modifications and additions, made necessary by the volume and diver-



FIG. 6. From Frank Leslie's *Illustrated Newspaper* (1875).

sity of medical and surgical diseases of the eye and ear, and made possible by constant fund-raising. In 1868, the directors passed the following resolution: "That any person giving the sum of \$4,000 will found a permanent free bed. This bed will, during the lifetime of the donor, be occupied by such patients as he may designate. After his death, the bed will remain free for the use of poor patients and will bear the name of the donor inscribed upon it."<sup>10</sup> The Life Governors and Subscribers included the Who's Who in New York City society: Agnews, Astors, Delafields, Delavanes, Dubois, Lenoxes, Macys, Phelps, Rhinelanders, Wainwrights, Vanderbilts, and Roosevelts, to name just a few.

*Construction of the Brooklyn Bridge began in 1870. The bridge was designed by John Roebling and completed by his son 18 years later.*

In 1870, the Infirmary expanded to 75 inpatient beds, two full-time nurses, and 23 eye and ear surgeons (Fig. 6). There was one house surgeon living in the building and two consulting surgeons. In 1890, the brownstone building was torn down and restored, and from 1890 to 1893, three floors were added.

In 1890, a state-chartered school of ophthalmology and otolar-

yingology (a postgraduate institute) and a school for nurses relative to eye and ear disorders was established.

The *New York Eye and Ear Infirmary Reports*, (Fig. 7) the journal of the New York Eye and Ear Infirmary, was established in 1891, and the first issue was published in January of 1893. The following reports were included in that first issue:

- Bacon, Gorham—A case of suppurative otitis media.
- Adams, John L.—Report of 15 cases of mastoiditis.
- Alberton, Henry A.—Seborrheic affections of the external ear.
- Hewitt, James—Adenoid growths as a cause of ear diseases in children.
- Mayer, Emil—Primary chondritis of the larynx.

*In 1895, Guglielmo Marconi pioneered wireless telegraphy.*

*In 1896, the eye and ear services were separated.*

*In 1896, Henry Ford produced his first automobile.*

The 1897 annual report of the New York Eye and Ear Infirmary stated: "Patients are to be received in the wards of the institution free of all charge for medical attendance, but in all cases where patients are able to pay, a charge of \$7 per week is made to meet the expenses of board." "Patients are received in private rooms at special board rates of \$20 to \$30 per week." "The dispensing department is for the free medical and surgical treatment of the deserving poor, but no patient able to pay is accepted for treatment."

In 1900, the Platt Pavilion, for contagious diseases of the eye and because of further growth of the ear department, was added to the restored brownstone building (Fig. 8). "Aural surgery today deals with questions of life and death."<sup>11</sup> The throat department was deleted in 1902 because of the marked growth of the eye and ear sections. At this time, the staff consisted of 31 surgeons, 56 assistant surgeons, and 12 house staff.

Between 1820 and 1903, patients were never charged a clinic fee. In 1903, the fee was 25 cents. Only 40% of the patients paid this fee. This clinic fee lasted for fifty years.

The inpatient charge was \$7.50 per week for clinic patients, \$15

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27 & 29 WEST 23D STREET

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FIG. 7. Table of Contents from 1893 Infirmary reports.



NEW YORK EYE AND EAR INFIRMARY.—13th Street and Second Avenue.

FIG. 8. The Infirmary in 1897.

per week for semiprivate patients, and \$25 per week for private patients.

*In 1902, the first electric hearing aid was invented.*

In 1903, the Schermerhorn Pavilion, for diseases of the ear, was completed.

*New York had its first subway system in 1904.*

The first two examining boards in American medicine originated from the old Academy (the American Academy of Ophthalmology and Otolaryngology). The American Board of Ophthalmology was established in 1917 and the American Board of Otolaryngology in 1924.<sup>12</sup> The initial membership of the board

consisted of two members from the American Otologic Society; two from the American Laryngological Association; two from the American Academy of Ophthalmology and Otolaryngology; and two from the Ear, Nose and Throat Section of the American Medical Association.<sup>13</sup> These two boards, along with the American Board of Obstetrics and Gynecology in 1930 and the American Board of Dermatology in 1932, formed the American Board of Medical Specialties (ABMS) in 1935, which now recognizes 24 specialty boards. The American Board of Facial Plastic and Reconstructive Surgery is the newest recognized and elected board.

The otolaryngological section of the American Academy of Ophthalmology and Otolaryngology selected the New York Eye and Ear Infirmary as the site of the annual meeting in 1936.

*In 1935 to 1936, the first wearable hearing aid was produced; it weighed two-and-a-half pounds.*

In 1938, an agreement was reached with Columbia University College of Physicians and Surgeons, whereby house officers of the New York Eye and Ear Infirmary could take a basic science course at Columbia Presbyterian Hospital. House officers who availed themselves of this privilege became eligible to receive a degree from Columbia University, as well as a diploma from the New York Eye and Ear Infirmary.

In 1940, all phases of expansion of the Infirmary were halted because of World War II. Intern quarters were changed to semi-private rooms and house officers were moved to a residence on 14th Street.

In 1943, a new building was constructed in the courtyard to house the X-ray Department, the Bronchoscopy Department, and the Department of Research. By then, 132 staff physicians were in the Armed Forces, causing a shortage of staff. Therefore, the entire teaching program of the New York Eye and Ear Infirmary was placed under the guidance of the College of Physicians and Surgeons of Columbia University. Dr. J. Morrisset Smith, the Executive Surgeon Director, was given the title of Clinical Professor of Otolaryngology and Executive Director of the Department.

The years after the war brought continued growth at the Infirmary. The clinics flourished; the staff expanded greatly. In 1968, the North Building was dedicated and the South Building renovated. The New York Eye and Ear Infirmary, at that time, contained 207 beds and 10 operating rooms.

Since its founding in 1820, the New York Eye and Ear Infirmary never closed its doors, except for 3 months in 1822, during an epidemic of yellow fever.

"The patients treated since the opening of the Infirmary on August 14, 1820, represent all the nations of the Earth, white and black, free man and slave, veterans of the American Revolution, soldiers of the Duke of Wellington and Napoleon who crossed the sea, widows and orphans, all who have sought aid and have been administered to." (Annual Report of the New York Eye and Ear Infirmary, 1943)

The New York Eye and Ear Infirmary is recognized as the oldest and continuously existing specialty hospital in the Western Hemisphere. Its staff physicians were involved with nearly all ophthalmology and otolaryngology advances and organizations in New York City.

The New York Laryngological Society, the first of its kind in America, was founded on October 13, 1873, by several physicians of the New York Eye and Ear Infirmary and others, and to this date, Infirmary physicians have been represented significantly. The New York Laryngological Society was the father society to the American Laryngological Society, founded in 1878.<sup>14</sup>

Arthur Duel (of facial nerve surgery fame) was one of the leaders at the New York Academy of Medicine and chaired the Otolaryngology Section at the turn of the century. He was influential in acquiring the site of, and in the construction of, the New York Academy of Medicine building on 103rd Street. He was a consultant at the New York Eye and Ear Infirmary.

The New York Otologic Society was founded on May 17, 1892. One of the founding physicians, Dr. Edward Dench, was a Surgeon Director at the New York Eye and Ear Infirmary.

Horace Green, a consultant at the New York Eye and Ear

Infirmery in 1846, was considered by many to be the father of laryngology in New York City and one of the founders of New York Medical College.<sup>16</sup>

Karl Koller, in 1884, discovered Cocaine and its use as a topical anesthetic for the eye. The first institution he lectured at in America was the New York Eye and Ear Infirmary.

Edgar Burchell (1872 to 1960), who was at the Rockefeller Institute and was discovered by John E. Weeks, was brought to the Infirmary before World War I. For the next 50 years, he was revered throughout America for his temporal bone dissections and histological preparations.<sup>17</sup> Dr. Burchell was inducted as the first honorary member of the American Academy of Ophthalmology and Otolaryngology in 1944.<sup>15</sup>

Many other local, national, and international leaders in otolaryngology have been members of the staff of the New York Eye and Ear Infirmary. Unfortunately, space does not permit their listings and biographies.

In 1960, the New York Eye and Ear Infirmary had 104,000 total clinical visits; 29,000 ear, nose and throat clinic patients were treated; and 2,450 ear, nose and throat surgical procedures were performed. Colonel Charles E. Martin was the administrator. The Surgeon Directors, Department of Otolaryngology, were Drs. J. Swift Hanley, Earl Limbach, Greydon Boyd, Ernest Weymuller, Ward Dennison, and Arthur Cracovaner. Attending surgeons were Drs. Daryl Voorhees, Francis Fodor, Paul Chodosh, Felix DePenies, and, listed as a resident at that time, Dr. Hector Giancarlo.

The Research Department, co-chaired by Dr. Godfrey E. Arnold, participated in several Deafness Research Foundation grants regarding ototoxicity, Bekesy audiometry, and basic investigations in electronystagmography with Dr. Francis Fodor. Dr. Godfrey Arnold received the Harris P. Mosher Award for his triological thesis, "Physiology and Pathology of the Cricothyroid Muscle."

*In 1961, Dr. Watson Crick made a model of DNA.*

In 1966, the Surgeon Directors, Otolaryngology, were Drs. Daryl Voorhees, Earl Limbach, Arthur Cracovaner, Felix DePenies, Ernest Weymuller, and Ricardo Bisi.



In 1968, there were 103,415 total clinic visits, 30,514 of which were otolaryngology visits; 3,065 ear, nose and throat surgical procedures were performed.

In 1970, Joseph Walsh, the current Professor and Chairman of the Department of Ophthalmology, was a first-year resident. The New York Eye and Ear Infirmary Complex consisted of three buildings: the north and south buildings and the 123-unit apartment building for the house staff and nurses.

*In 1969, Neil Armstrong became the first man to walk on the moon.*

*In 1972, the computerized axial tomography imaging system (CAT scan) was introduced for medical diagnosis and research.*

*In 1973, MRI (magnetic resonance imaging) was developed for medical diagnosis.*

In September of 1980, an affiliation agreement was signed with New York Medical College. The College, owned by the Archdiocese of New York and located in Valhalla, New York, is the third-largest private medical university in the United States and the largest in New York State. The affiliation with Metropolitan Hospital makes it the oldest continuing affiliation in the nation between a private medical school and public hospital. New York Medical College was the first medical college to own its own teaching hospital (1889), the Flower Fifth Avenue Hospital, named after Roswell Flower, who later became Governor of New York State.

*In 1982, the first transplant of an artificial heart, Jarvik 7, was accomplished.*

To further strengthen the affiliation with New York Medical College and its teaching program, the Surgeon Directors, in 1983, with the approval of the medical staff, medical board and board of trustees, changed from a horizontally oriented, six-chief, Surgeon Director-led service (present for more than 100 years and which served the Infirmary well) to a more traditional, vertically integrated format. A search was made for the first Professor and Chairman of the Department of Otolaryngology—Head and Neck Surgery of New York Medical College and the New York Eye and Ear Infirmary. Dr. Daniel Rabuzzi (Fig. 9) from Syracuse, was

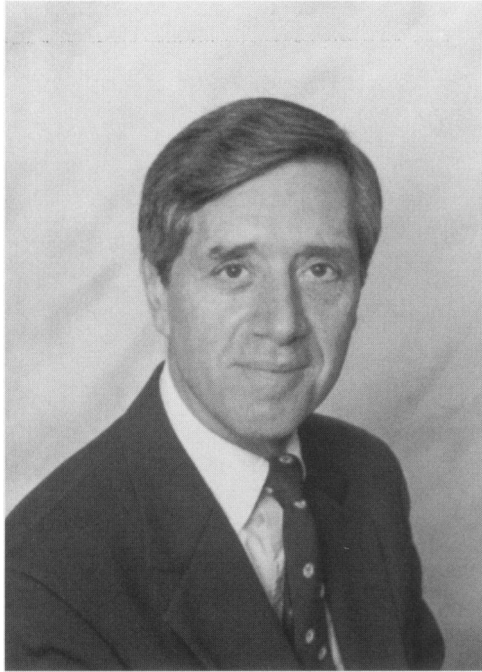


FIG. 9. Dr. Daniel Rabuzzi.

recruited and served with distinction until 1984. Dr. Frank Lucente followed (Fig. 10) and further strengthened and expanded the institution and teaching program to one of greater national prominence. In 1992, Dr. Steven Schaeffer assumed the role of Professor and Chairman (Fig. 11).

The New York Eye and Ear Infirmary continues to grow and expand. Significant renovations of the existing structure are ongoing, providing ambulatory surgery facilities, private office space, expanded outpatient facilities, and support services. In 1994, there were 57,000 ear, nose and throat clinic visits; 2,500 ear, nose and throat ambulatory surgery procedures, and 1,300 ear, nose and throat inpatient procedures. The total number of patients treated at the New York Eye and Ear Infirmary in 1994 was 164,500, quite a remarkable contrast to the 1,102 patients treated in 1820. There are presently 37 residents, 16 of whom are otolaryngology house staff, many fellows, 544 physicians and surgeons, 81 full-time registered nurses, and 74 part-time registered nurses.<sup>18</sup> In 1994, as



FIG. 10. Dr. Frank Lucente.

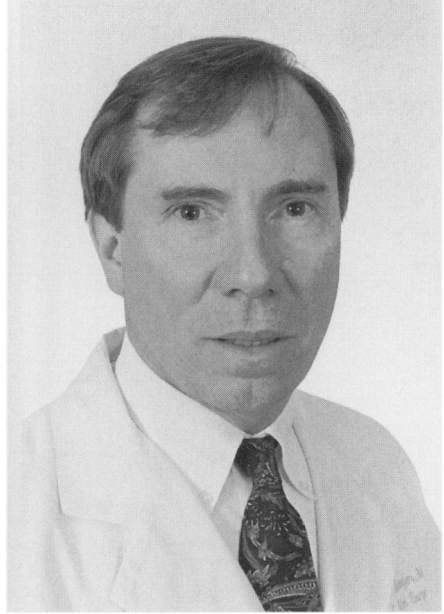


FIG. 11. Dr. Steven Schaeffer.

reported in *US News and World Report*, the Department of Otolaryngology of the New York Eye and Ear Infirmary was ranked first in the State of New York and third in the United States.

With this solid base and background, with continued strong leadership, and full-time and voluntary staff cooperation, I can see our continued growth and success as a nationally recognized teaching and research center and provider of specialty medical and surgical care.

*No historical sketch, however short, could end without reference to the illustrious laymen, our benefactors and directors, who, from the days of Colonel William Few of Revolutionary fame, the first President of the Board of Governors of the Infirmary, have made it possible for a long line of devoted and skillful surgeons to do such a vast deal, uninterruptedly, for more than 140 (175) years, for the relief of human suffering.*

“Their Spirit Lives with Us Forever.” (Annual Report, the New York Eye and Ear Infirmary, 1940.)

## References

1. Kara GB. History of the New York Eye and Ear Infirmary, *New York State Journal of Medicine*. December, 1973; vol. 280.
2. Samuels B. Foundation of the New York Eye and Ear Infirmary, *Arch Ophthalmol*. 1932;7: 681.
3. *Annual Report of the New York Eye and Ear Infirmary*, 1936.
4. Address at the Dedication of the New Building of the New York Eye and Ear Infirmary—Edward Delafield, April 25, 1856. (Personal papers).
5. *Annual Report of the New York Eye and Ear Infirmary*, 1821.
6. *Annual Report of the New York Eye and Ear Infirmary*, 1829.
7. *Annual Report of the New York Eye and Ear Infirmary*, 1928, 1937.
8. Leitman I M. The Evolution of Surgery at New York Hospital, *Bull NY Acad Med*. 1991;67:475.
9. Buck G. *Transactions of the American Medical Association*. 1853;6:509–535.
10. *Annual Report of the New York Eye and Ear Infirmary*, 1868.
11. *Annual Report of the New York Eye and Ear Infirmary*, 1900.
12. Goldstein JC. *AAO-HNS Bulletin*, May, 1995;14:19.
13. Dean L W. Fifty Years of Otolaryngology, *Am J Surg*. 1941;51:214–216.
14. Kagan S R. Founding of the New York Laryngological Society. *Bull N Y Acad Med*. 1941;17: 946–950.
15. Weymuller E. A. (Personal communication).
16. Obituary, Edgar Brower Burchell. *Am J Ophthalmol*. 1960;50:508.
17. Kara, G. B. -- personal communication.
18. *Annual Report of the New York Eye and Ear Infirmary*, 1994.